

Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, October 20, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Lerner called the meeting to order.

Present: Chairman Wayne M. Lerner, DPH, LFACHE and Dorene P. Wiese (substitute Member) (2)
Director Mary B. Richardson-Lowry

Absent: Directors Emilie N. Junge and Carmen Velasquez (2)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Finance and Strategy
Steven Glass – Executive Director of Managed Care

Jeffrey McCutchan – Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none.

III. Report on CountyCare Health Plan (Attachment #1)

A. Metrics

B. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results

Steven Glass, Executive Director of Managed Care, provided an overview of the Report on the CountyCare Health Plan; the Report included metrics and a deep dive discussion on the CAHPS Survey results. The Committee reviewed and discussed the information.

During the discussion of the information on Slide 10 regarding Medicaid cancellations, Chairman Lerner posed a question – at what point is someone at risk of losing access to medical care due to cancellation of coverage and will really fall through the gap? As the Committee discussed cancellations due to redetermination, Chairman Lerner noted that any gains that a person has made in their own health care improvement could be lost as a result of losing this coverage.

With regard to the metric for HIV patient medications filled at the CCHHS pharmacy and the metric to shift to 90-day prescriptions (Slide 15), Mr. Glass stated that one of the barriers that has been identified relates to the inability to fill a 90-day prescription for medications at the CORE Center pharmacy; this was due to some restrictions and cost control limits that prohibited the ability to get 90-day scripts in place. He has been told that the restrictions and limits have been lifted this month, so the administration hopes to see an increase in those metrics.

III. Report on CountyCare Health Plan (continued)

Director Richardson-Lowry inquired whether any comparisons are run with other competitors on risk management of the Affordable Care Act (ACA) adult membership category. Mr. Glass responded that the data is not publicly available. The State has made a single program that covers both Family Health Plan (FHP) and ACA adults, but they do not separately break out the data. He indicated that he can request data at the health plan level and see if they can provide it.

In response to a question from Director Wiese regarding alcohol-related diagnoses, Mr. Glass stated that, by far, those total the highest number of visits to emergency departments (EDs) by CountyCare members. He noted that CountyCare's clinical team has set a single utilization management objective to reduce ED visits; they are in the process of building that plan. Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy, stated that the administration has a workgroup assembled to focus on behavioral health. The administration had set aside in the budget about \$10 million over and above what would normally be spent to start trying to address the issue. One project to address behavioral health issues that is coming to fruition is the community triage center; this is a pilot project expected to open early next year to provide prevention and diversion services for individuals who are at risk of arrest due to behavioral health conditions. It will operate 24 hours per day/7 days per week/365 days per year. It will have staff there who can make an evaluation of the person and make a warm hand-off in the community where they live.

During the discussion of Slide 27, Director Wiese inquired regarding the survey responses to the question relating to "getting needed care," and asked whether access to care is a problem nationally. On a similar subject, she referenced an earlier request she had made for data on the time to next appointment. Mr. Elwell stated that he expects to have the data to respond to Director Wiese's earlier request in time for the next Board Meeting. Additionally, he stated that the survey question relates to the member's *perception* of getting the care needed. Chairman Lerner was not aware of any recent studies released regarding issues with access to care for Medicaid patients; he asked staff to be on the lookout for any studies that might relate to that subject. Mr. Glass noted that two (2) main drivers relating to that question were: 1) timeliness of care, relating to their own doctor; and 2) specialty care. Additionally, he clarified that these survey responses are not specifically relating to CCHHS as the provider; this survey was completed by CountyCare members and could be referring to any part of CountyCare's network.

During the discussion of Slides 30 and 31, Mr. Glass stated that the contract with the State requires CountyCare to obtain National Committee for Quality Assurance (NCQA) accreditation within two (2) years of becoming a health plan; therefore, July 2017 is the target time period for accreditation. The process for accreditation allows CountyCare to use its CAHPS results, as well as its Healthcare Effectiveness Data Information Set (HEDIS) quality measures, as part of the accreditation process. Staff are in the process of developing the job description for a position to head up the function relating to accreditation.

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, September 17, 2015

Director Wiese, seconded by Chairman Lerner, moved to accept the minutes of the meeting of the Managed Care Committee of September 17, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

As the agenda was exhausted, Chairman Lerner declared the meeting ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Wayne M. Lerner, DPH, LFACHE, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Managed Care Committee Meeting Minutes
October 20, 2015

ATTACHMENT #1

CountyCare Report & Deep Dive Discussion

Prepared for: CCHHS BOD Managed Care Committee

Steven Glass, Executive Director, Managed Care

October 20, 2015





Report Format

- Metrics Review
- Deep Dive Discussion: CAHPS Survey Results

Membership

Data as of: 10/05/2015 | Source: Daily Membership (834) File

Key Measures					Change From Prior Month	Trend	FYTD'15	
	Jul'15	Aug'15	Sep'15	Oct'15			Budget or Goal	% to Budget/Goal
Monthly Membership	172,873	170,834	169,802	168,749	-0.6%	--	158,349	106.6%
ACA	82,058	79,454	78,058	76,910	-1.5%	▼	78,119	98.5%
FHP	87,949	88,333	88,553	88,538	0.0%	--	74,506	118.8%
SPD	2,866	3,047	3,191	3,301	3.4%	▲	5,724	57.7%
<hr/>								
Home/Community Waiver (incl DD)	539	565	583	593	1.7%	▲		
LTC	174	189	185	201	8.6%	▼		
<u>FYTD Member Months</u>	1,169,503	1,340,337	1,510,139	1,678,888			1,631,305	102.9%
ACA	668,043	747,497	825,555	902,465			875,335	103.1%
FHP	482,382	570,715	659,268	747,806			706,048	105.9%
SPD	19,078	22,125	25,316	28,617			49,923	57.3%

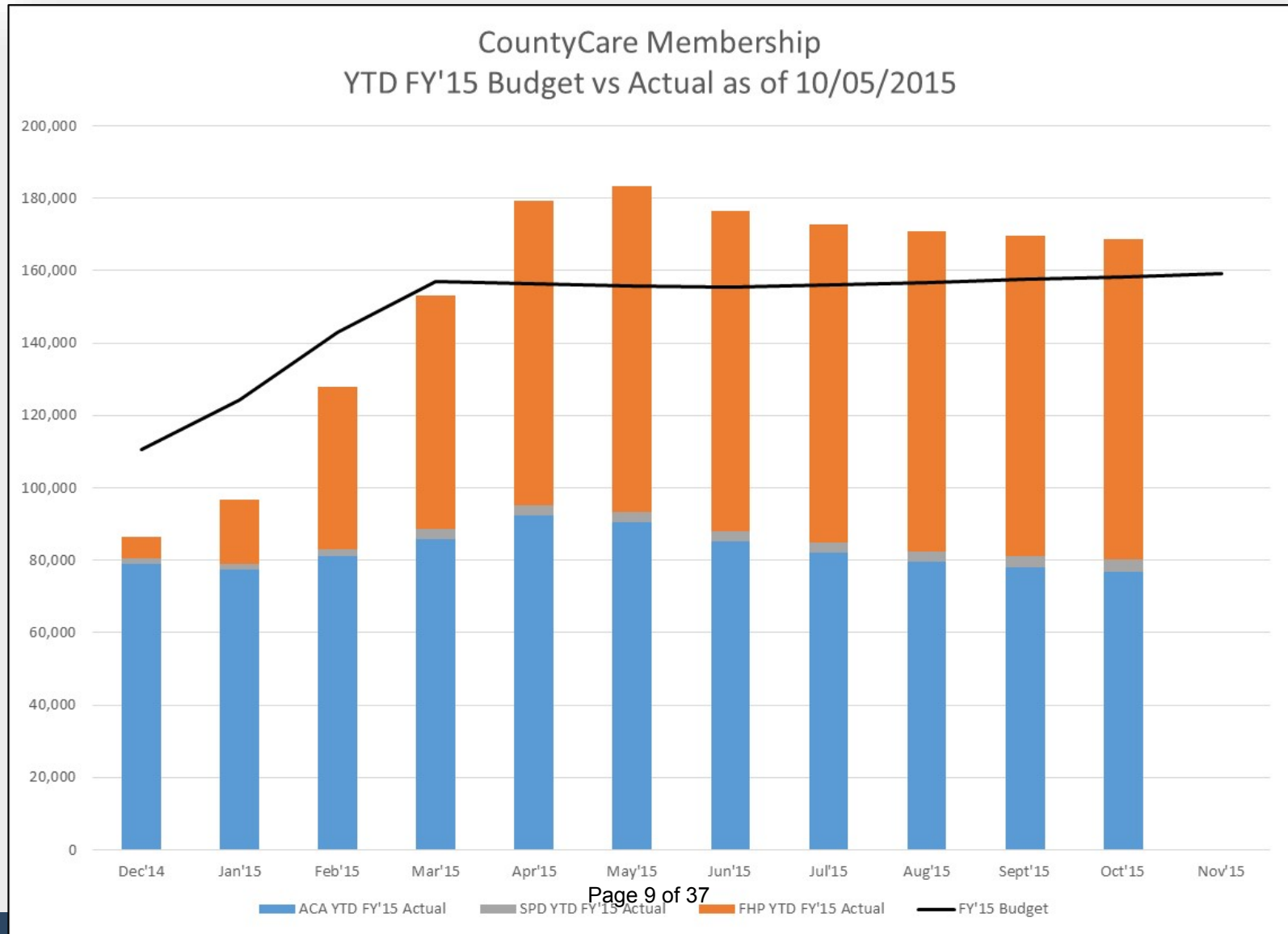
Key:	>= Goal
	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal

Membership Adds & Deletes

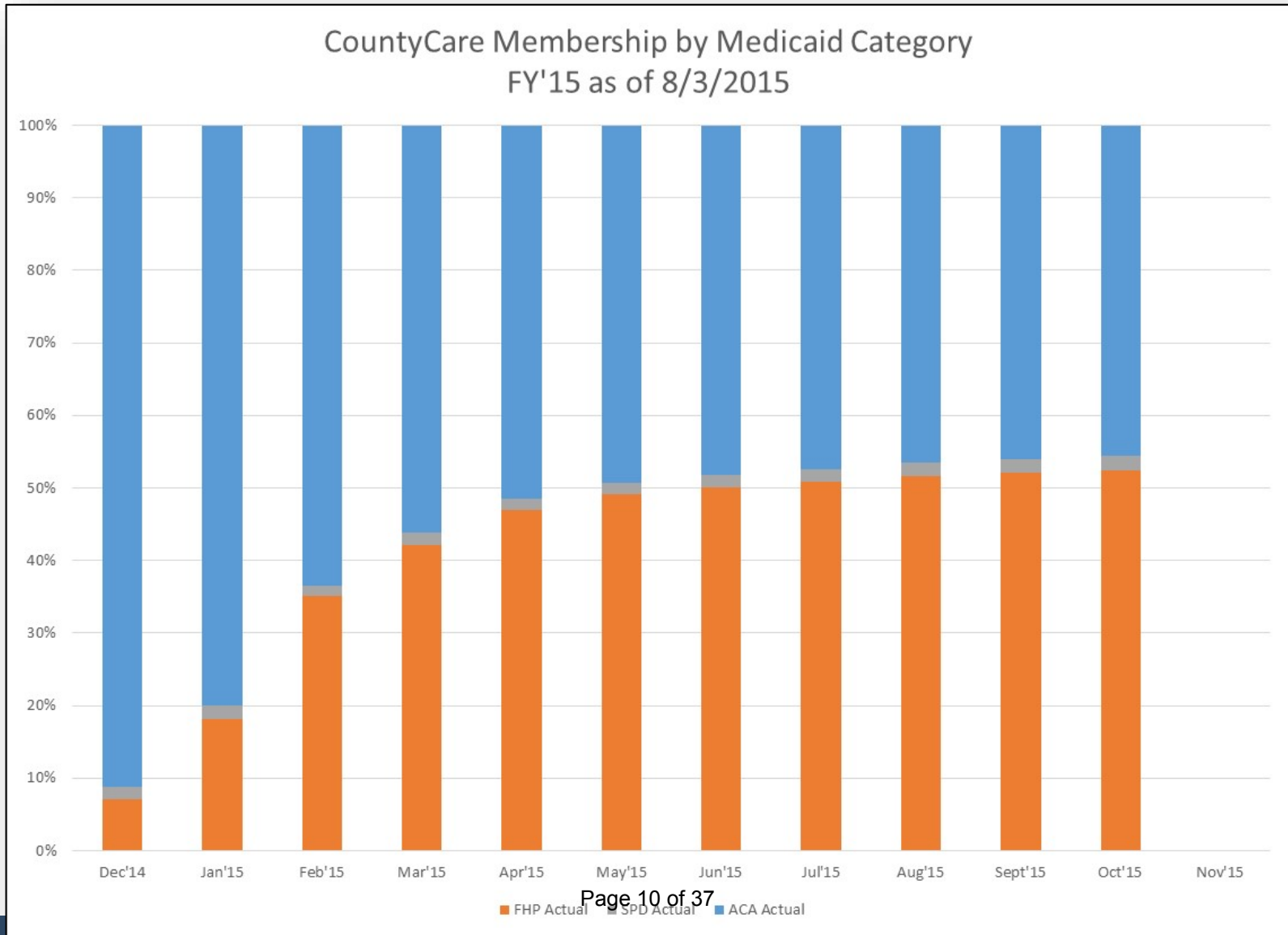
Data as of: 9/2/2015 | Source: Daily Membership (834) File

	Apr'15	May'15	Jun'15	Jul'15	Aug'15	Sep'15
Month Begin Membership	149,301	177,154	180,962	174,917	172,183	170,957
ACA Adults	4,605	1,272	(4,483)	(2,527)	(2,189)	(1,287)
FHP	23,180	2,471	(1,594)	(265)	762	(40)
SPD	68	65	32	58	201	138
Total Net Change	27,853	3,808	(6,045)	(2,734)	(1,226)	(1,189)
Month End Membership	177,154	180,962	174,917	172,183	170,957	169,768

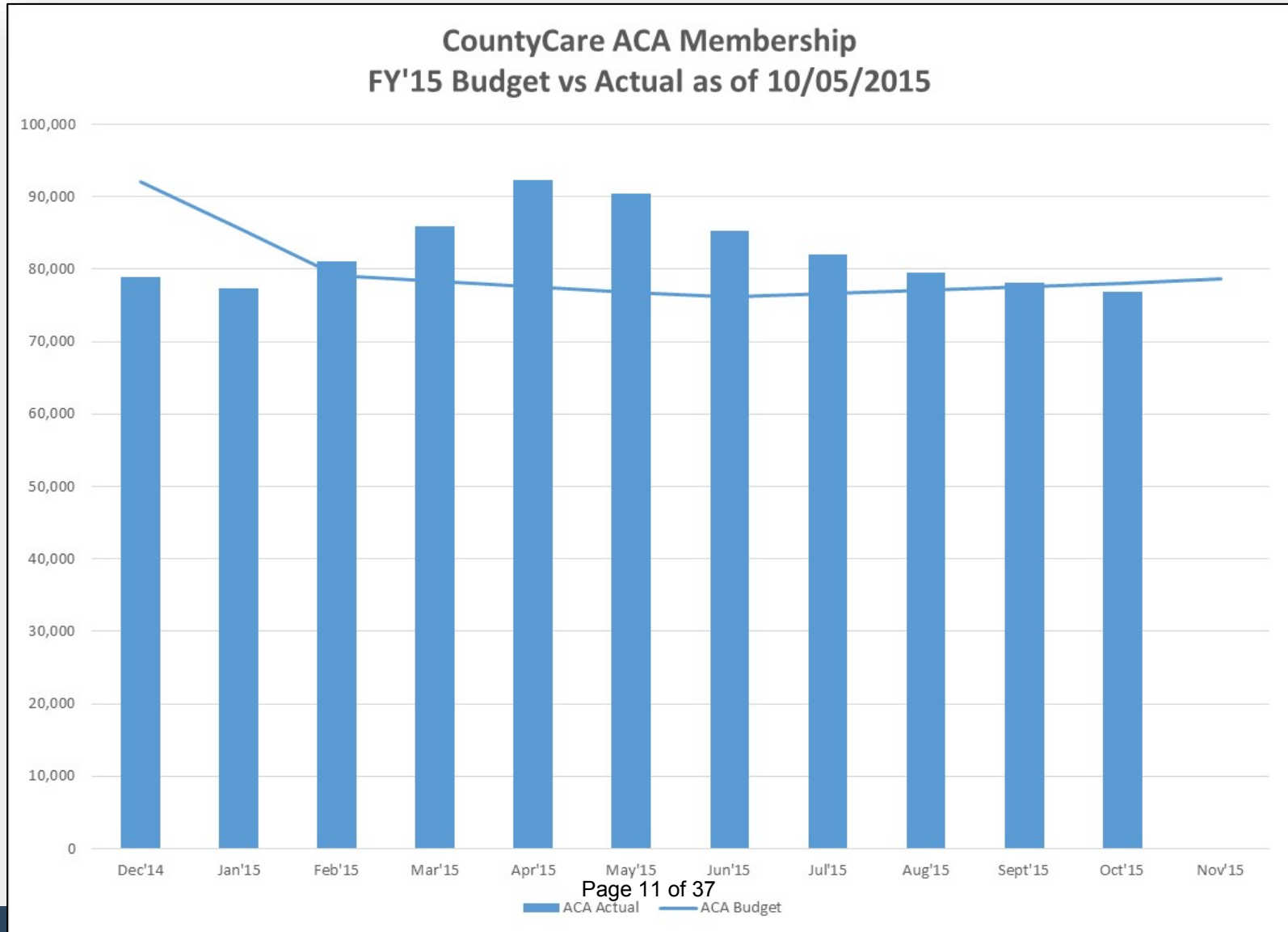
Membership Trend to Budget



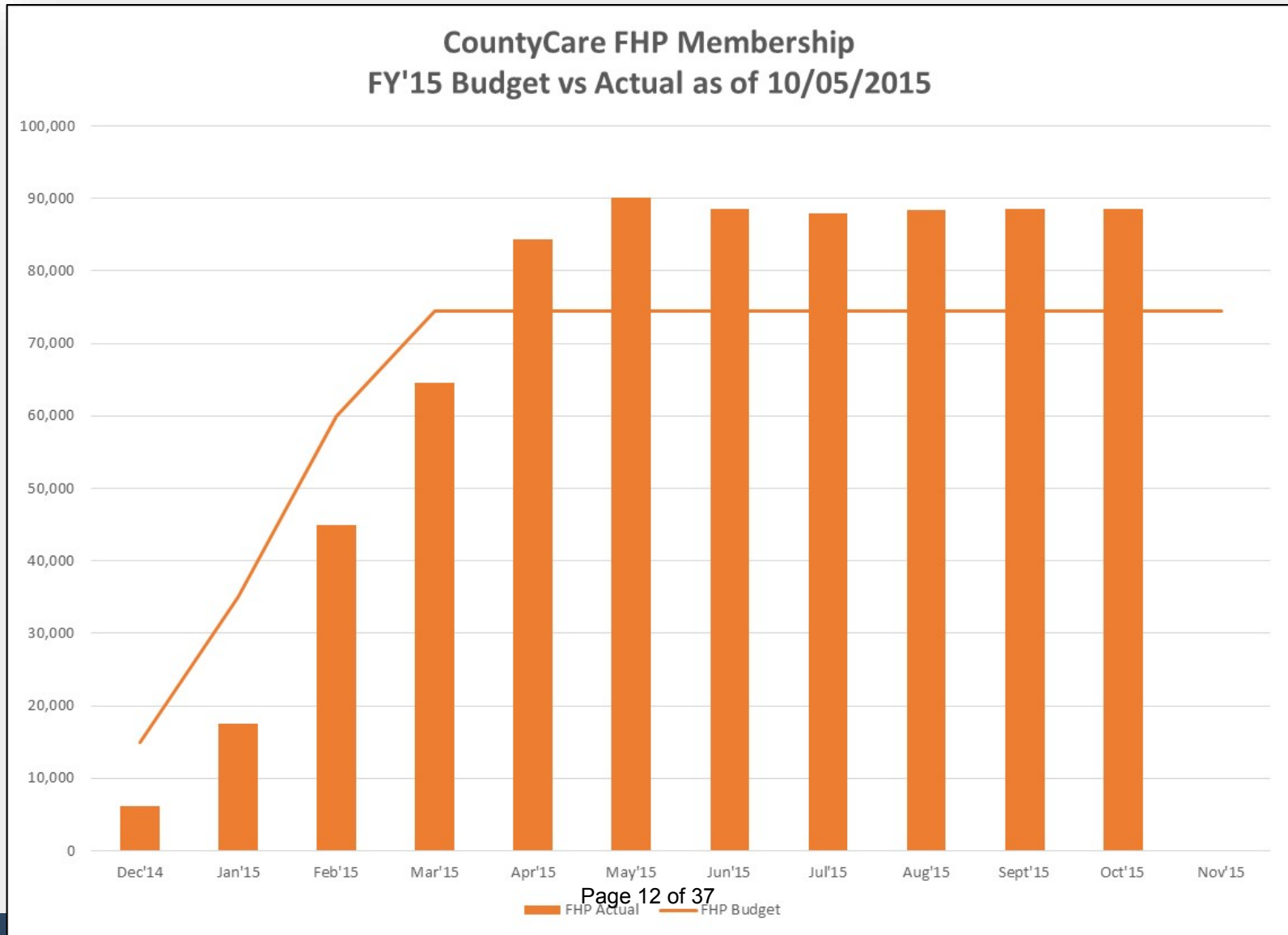
Membership By Medicaid Category



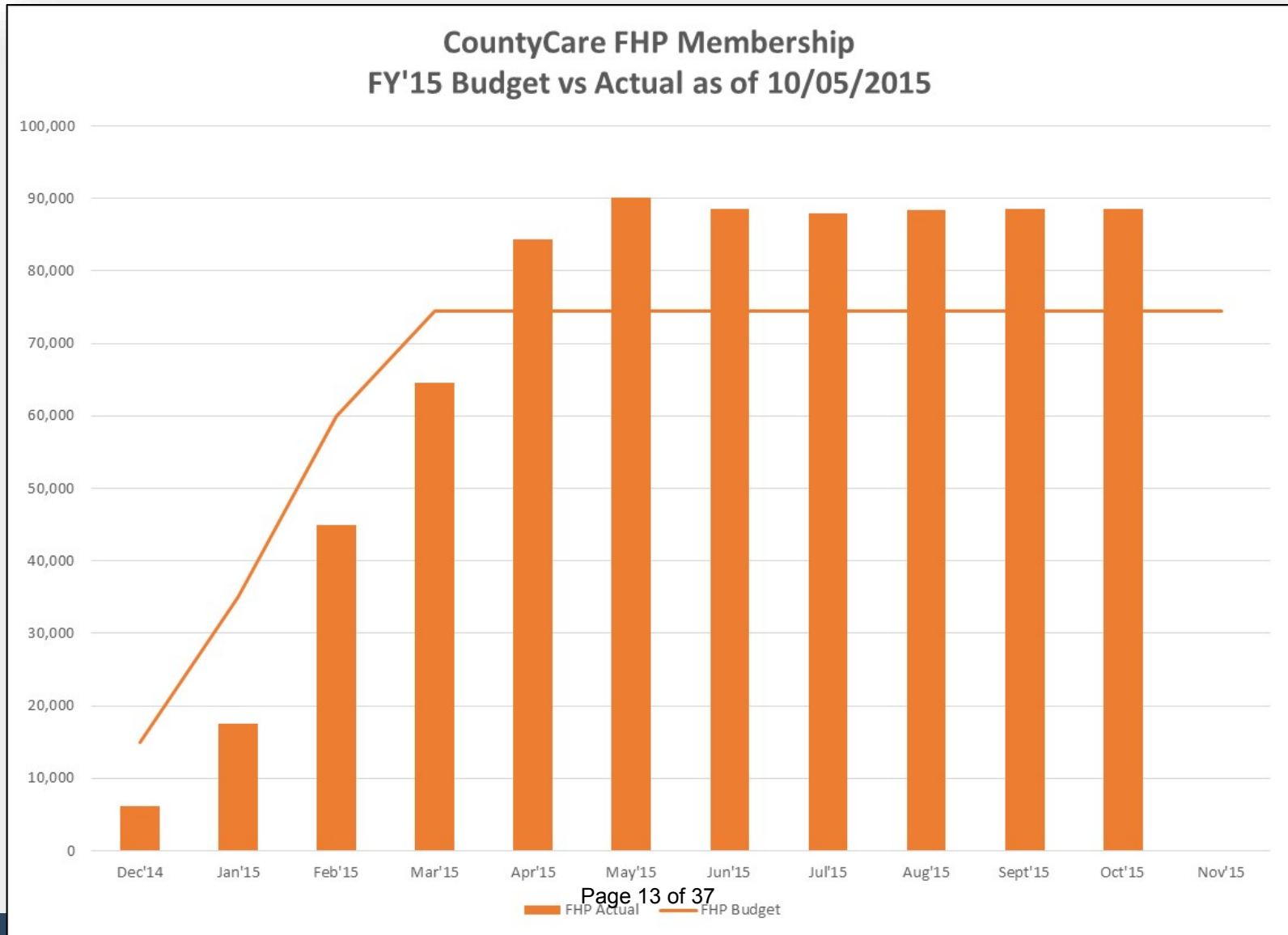
ACA Membership Trend to Budget



FHP Membership Trend to Budget

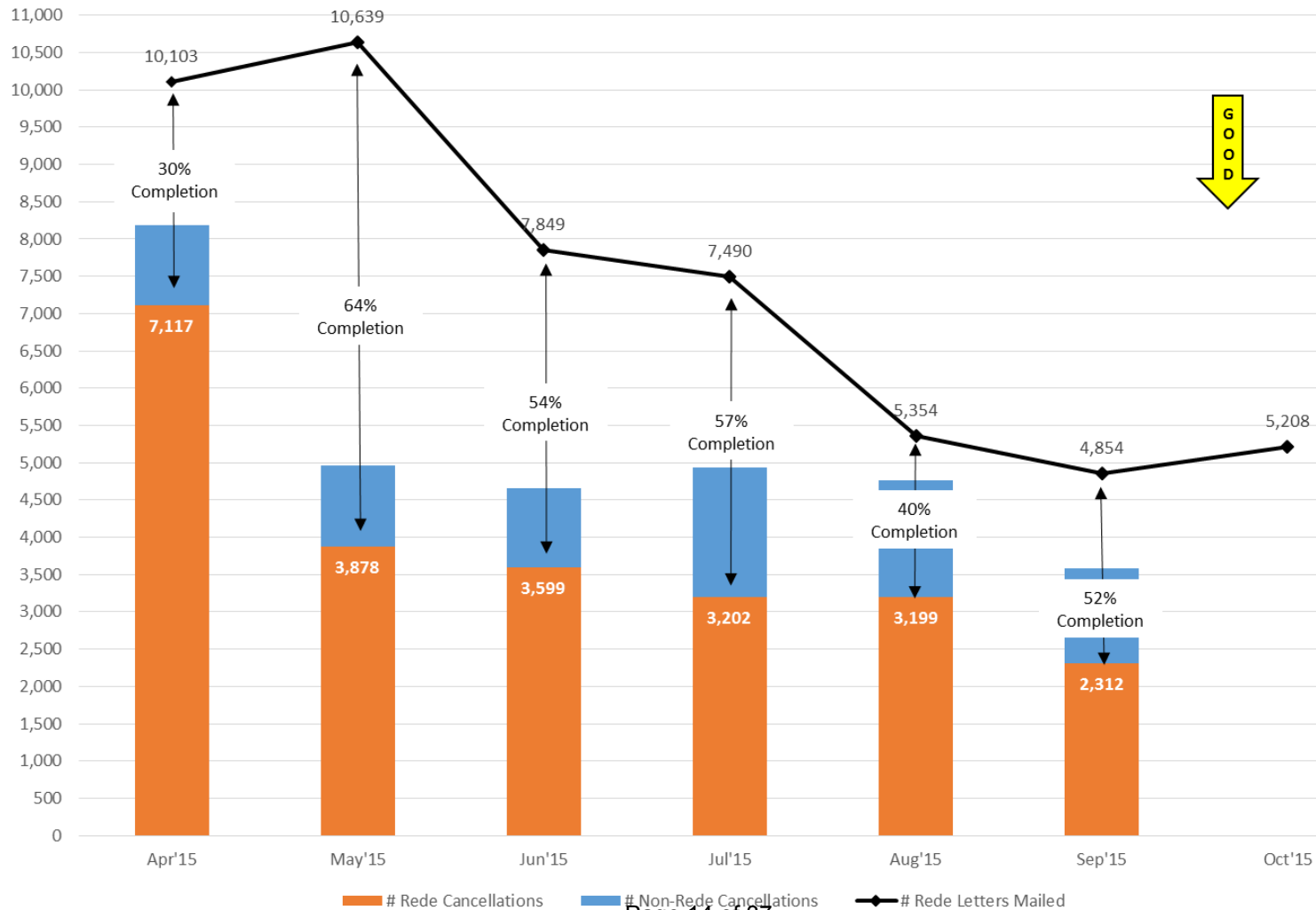


SPD Membership Trend to Budget



Medicaid Cancellations

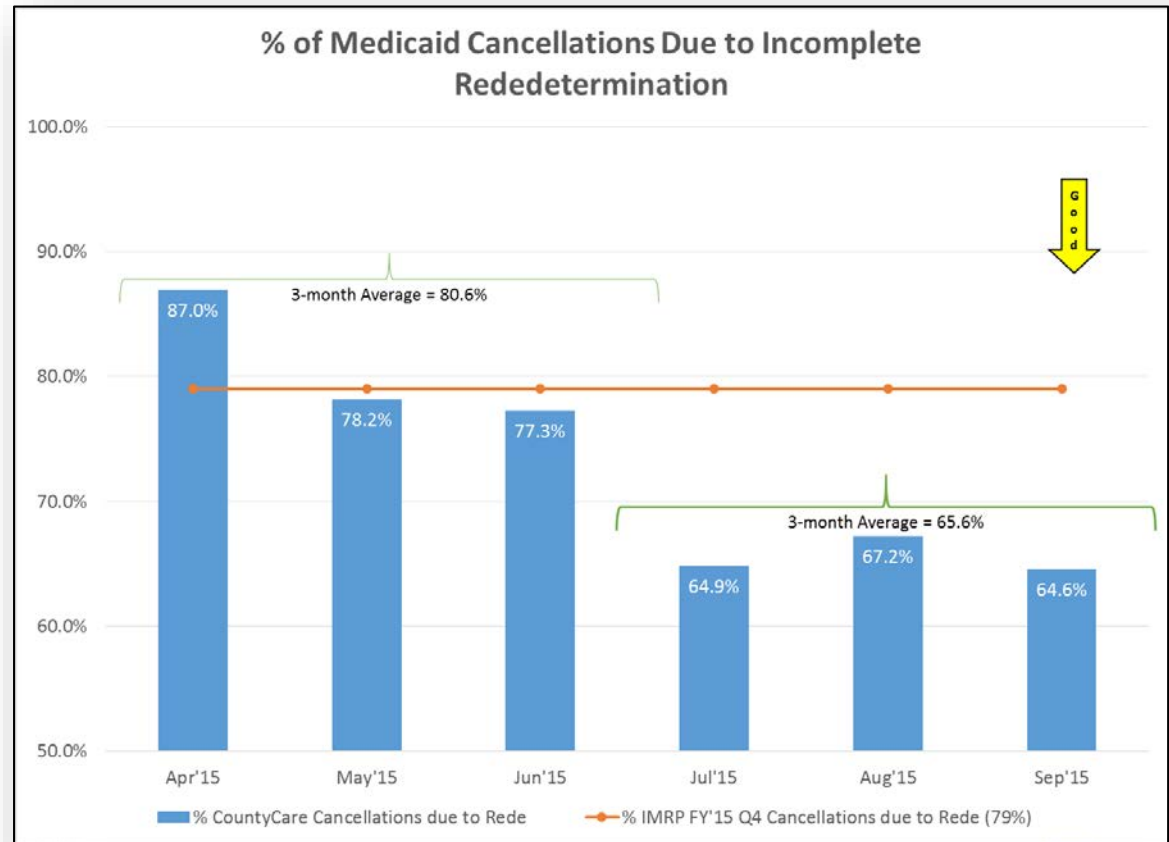
Medicaid Coverage Cancellations for CountyCare Members by Month/Year
For actions taken at DHS 'Hoyne St.' Office



Medicaid Cancellations

Illinois Medicaid Redetermination Project (IMRP) FY'15 Q4 Report:

- **79% for failure to return information** (34.8% of all cancellations)
 - 1/3rd are reinstated within three months
- 'Medical Only' Cancellation rate = 44%
- 'Medical + SNAP (food stamps)' Cancellation rate = 22%



Health Plan Comparison: FHP/ACA

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Sponsoring Organization(s)	Jun'15 #	Jul'15 #	Aug'15 #	Sep'15 #	% Total	# Change Month Prior	% Change Month Prior
Family Health Network	Mt. Sinai, Norweigan, Resurrection, St. Anthony, St Bernard	193,306	200,004	203,455		#DIV/0!	(203,455)	-100.0%
Blue Cross Blue Shield	Health Care Services Corp.	179,617	183,460	185,267		#DIV/0!	(185,267)	-100.0%
CountyCare	Cook County/CCHHS	171,661	167,837	165,848		#DIV/0!	(165,848)	-100.0%
IlliniCare Health Plan	Centene, Inc.	142,898	144,171	143,461		#DIV/0!	(143,461)	-100.0%
Harmony Health Plan	WellCare	142,914	143,055	141,416		#DIV/0!	(141,416)	-100.0%
Meridian Health Plan		119,387	118,934	117,940		#DIV/0!	(117,940)	-100.0%
Aetna	Data To Be Updated							0%
Advocate								0%
SmartPlan Choice (ACE)	Presence Health Partners, Independent Phys Alliance of IL	68,413	67,271	65,247		#DIV/0!	(65,247)	-100.0%
MyCare Chicago (ACE)	Lurie, Mercy, Norweigan, Swedish/Asian Human Svcs, Erie, Heartland HC, Mercy, Near North, PCC/C4	58,993	60,005	59,669		#DIV/0!	(59,669)	-100.0%
Community Care Partners (ACE)	NorthShore, Vista, Lake County Health Dept, Erie	40,851	44,019	44,001		#DIV/0!	(44,001)	-100.0%
HealthCura (ACE)	Access Community Health Network	41,309	43,935	43,322		#DIV/0!	(43,322)	-100.0%
UI Health Plus (ACE)	UI Health	36,134	39,604	39,767		#DIV/0!	(39,767)	-100.0%
Better Health Network (ACE)	St Bernard's, Loretto, South Shore, Roseland/Aunt Martha's, Beloved	34,947	38,084	38,741		#DIV/0!	(38,741)	-100.0%
Loyola Family Care (ACE)	Loyola Univ Health System	26,442	27,515	27,134		#DIV/0!	(27,134)	-100.0%
Next Level (CCE serving ACA only)		13,816	14,956	15,024		#DIV/0!	(15,024)	-100.0%
Illinois Partnership for Health (ACE)	Blessing Health System, Cadence, Decatur Memorial, KishHealth, Memorial Health, OSF, Riverside Medical Ctr, Rockford Health System, Carle Fdn	3,521	3,504	3,417		#DIV/0!	(3,417)	-100.0%
Lurie Children's Health Partners (CSN CCE)	Lurie Childrens Hospital	1,779	1,860	1,886		#DIV/0!	(1,886)	-100.0%
LaRabida Coordinated Care Network (CSN CCE)	La Rabida Childrens Hospital	760	737	0	0	0.0%	-	0.0%
Total		1,481,018	1,506,688	1,504,011			(1,504,011)	-100.0%

Health Plan Comparison: ICP

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)								
Health Plan	Sponsoring Organization(s)	Jun'15 #	Jul'15 #	Aug'15 #	Sep'15 # % Total	# Change Month Prior	% Change Month Prior	
Aetna Better Health Inc.		28,241	28,137	28,315	#DIV/0!	(28,315)	-100.0%	
Illin Com	Data To Be Updated							0.0%
Blue Cross/Blue Shield of Illinois	Health Care Services Corp	6,681	6,955	7,337	#DIV/0!	(7,337)	-100.0%	
Meridian Health Plan		4,548	4,588	4,854	#DIV/0!	(4,854)	-100.0%	
Humana Health Plan		4,557	4,529	4,754	#DIV/0!	(4,754)	-100.0%	
Cigna HealthSpring of Illinois		4,443	4,474	4,544	#DIV/0!	(4,544)	-100.0%	
Next Level (CCE)		3,234	4,018	4,541	#DIV/0!	(4,541)	-100.0%	
CountyCare	Cook County/CCHHS	2,776	2,818	3,021	#DIV/0!	(3,021)	-100.0%	
Together4Health (CCE)	Heartland Health Outreach	2,016	1,967	1,880	#DIV/0!	(1,880)	-100.0%	
Be Well (CCE)	MADO Healthcare	1,389	1,400	1,380	#DIV/0!	(1,380)	-100.0%	
EntireCare (CCE)	Healthcare Consoritum of IL (St Bernard, Chicago Family, St James, MFS, South Shore, Roseland, HRDI, Metro South)	2,339	0	116	0.0%	(116)	0.0%	
Total		94,381	92,753	94,615		(94,615)	-100.0%	

Health Plan Comparison: Cook County

Source: IL HFS, Health Plans Operating in Cook County Only

MCO Name	Sponsoring Organization(s)	July'15 #	August'15				# Change Month Prior	% Change Month Prior
			FHP/ACA	SPD	#	% Total		
Cook County Care	CCHHS	174,437	165,848	3,021	168,869	19.8%	(5,568)	-3.2%
Family Health Network/CCAI		146,495	147,973	7,196	155,169	18.2%	8,674	5.9%
Blue Cross of Illinois	Data To Be Updated							5.3%
Harmony Health Plan	WellSpring	112,344	109,808		109,808	12.9%	(2,536)	-2.3%
Aetna Better Health		92,559	72,273	21,397	93,670	11.0%	1,111	1.2%
Meridian Health Plan		80,845	74,957	4,371	79,328	9.3%	(1,517)	-1.9%
Humana Health Plan		4,228		4,190	4,190	0.5%	(38)	-0.9%
Health Spring of Illinois	Cigna	4,122		4,171	4,171	0.5%	49	1.2%
Grand Total		847,115	780,203	71,038	851,241		4,126	0.5%

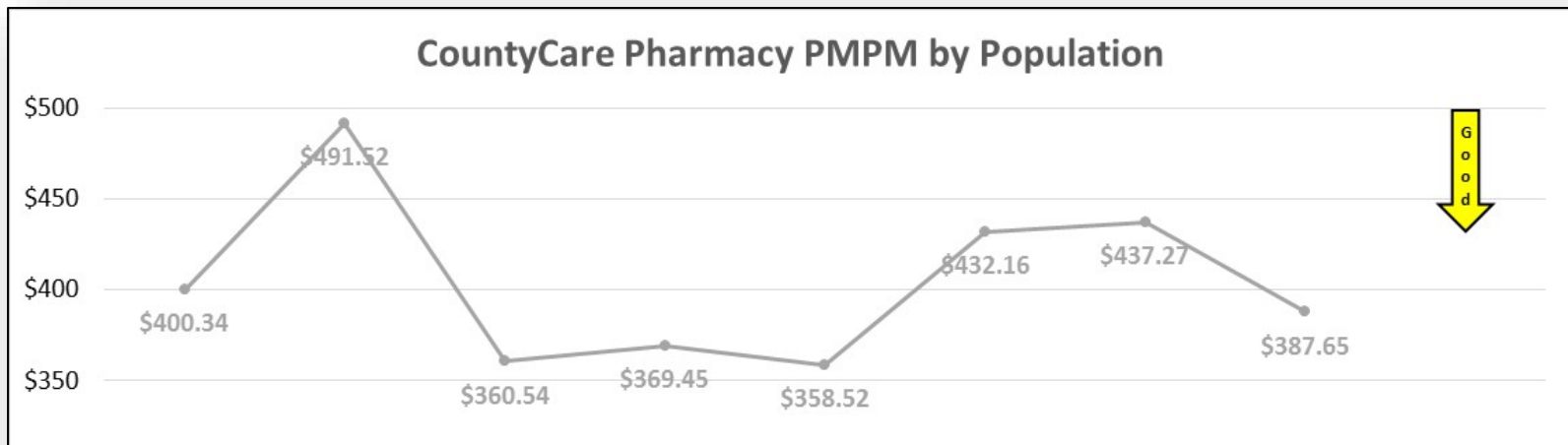
Risk Management

Key Measures	Jul'15	Aug'15	Sep'15	Oct'15	% Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/Goal
Risk Management								
<u>ACA Adult Membership</u>							3/2014 Baseline	
% 19-24 y/o	15.3%	15.2%	15.0%	14.9%	-0.6%	--	17.0%	-2.0%
% 25-34 y/o	15.7%	15.6%	15.7%	15.9%	1.3%	▲	14.8%	0.9%
% 35-44 y/o	13.4%	13.4%	13.5%	13.5%	0.3%	--	13.5%	0.0%
% 45-54 y/o	26.3%	26.3%	26.3%	26.1%	-0.6%	--	27.6%	-1.3%
% 55+ y/o	29.3%	29.0%	29.1%	29.2%	0.1%	--	27.0%	2.1%
<u>Pharmacy</u>								
# Scripts filled	147,010	140,254	137,520		-1.9%	▼		
% Utilizing Members	28%	28%	28%		0.0%	--		
# Scripts/Utilizer	3.00	2.90	2.90		0.0%	--		
% Generic dispensing	83%	82%	81%		-1.3%	▼		
% Brand Single Source	17%	17%	18%		8.2%	▼		
% Formulary	98%	98%	98%		0.0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	36.0%	34.1%	35.9%		5.3%	▲	80%	-44.1%
% Maintenance Rx on Extended Supply (>84 days)	45.7%	55.8%	47.1%		-15.6%	▼	85%	-37.9%
<u>Reinsurance</u>								
# Claims filed	0	0	0		0.0%			

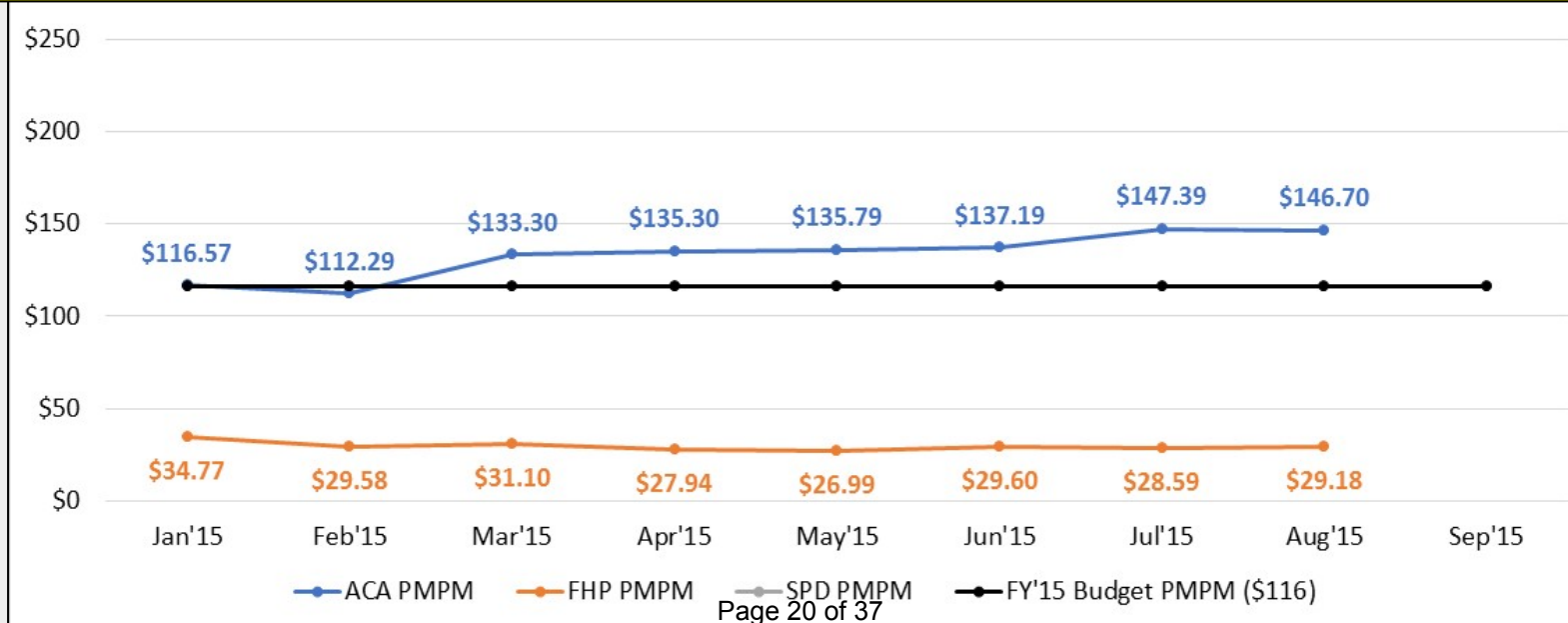
Key:	>= Goal
	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal



Pharmacy Expense by Population



Data To Be Updated



Care Management

Key Measures	Jul'15	Aug'15	Sep'15	Oct'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/Goal
Care Management								
<u>PCMH Assignment</u>								
% Members Assigned to PCMH	99.6%	99.9%	99.7%		-0.2%	--		
% Members Unassigned	0.4%	0.1%	0.3%		433.9%	▼		
<i>% Members Assigned to CCHHS/ACHN</i>								
All	19.1%	18.4%	18.1%	18.4%	1.6%	▲		
ACA	28.8%	28.0%	27.1%	27.7%	2.2%	▲		
FHP	10.1%	9.9%	9.9%	10.2%	3.2%	▲		
SPD	15.4%	17.1%	19.9%	20.9%	5.2%	▲		
<i>% Members Assigned to MHN/ACO</i>								
All	45.8%	48.5%	49.3%	49.2%	-0.1%	--		
ACA	30.5%	33.1%	32.9%	33.7%	2.3%	▲		
FHP	66.0%	64.0%	65.7%	64.6%	-1.6%	▼		
SPD	NA	NA	NA	NA	NA			
<i>% Members Assigned to ACCESS</i>								
All	15.3%	15.6%	15.5%	15.5%	0.3%	--		
ACA	17.6%	18.4%	18.1%	18.3%	1.3%	▲		
FHP	12.9%	12.8%	12.9%	13.0%	0.4%	--		
SPD	21.2%	20.8%	20.9%	19.7%	-5.6%	▼		

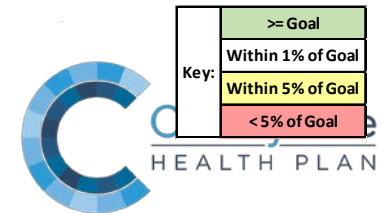
Key:	>= Goal
	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal



Care Management

Key Measures	Jul'15	Aug'15	Sep'15	Oct'15	% Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/Goal
Member Risk Stratification								
Total Outreached Members YTD	75,089	73,618	70,943		-3.6%	▼		
Health Risk Assessments/Screenings YTD (non-MHN ACO)	39,481	30,958	32,902		6.3%	▲		
YTD % High Risk Members	3.6%	4.2%	4.5%				2.0%	-2.2%
Referral Management								
# Authorizations: Inpatient	2,069	2,001	2,083		4.1%	▲		
# Authorizations: Outpatient	3,234	3,277	3,405		3.9%	▲		
ACA Utilization Management (rolling 12 month)								
Admits/1,000 member months	160	156	159		1.9%	▼	Nov'14 Baseline 168	-7.1%
Bed Days/1,000 member months	702	689	695		0.9%	--	737	-6.5%
ED Visits/1,000 member months	949	926	927		0.1%	--	1,017	-8.9%
% 30-day Readmissions	22%	22%	21%		-4.5%	▲	20%	10.0%
ACA CCHHS Utilization (since 7/1/2014)								
	YTD FY'15 Q1 Dec-Feb (N=321,297)	YTD FY'15 Q2* Mar-May (N=362,038)	YTD FY'15 Q3* Jun-Aug (N=306,623)		% Change from Q2 to Q3*		FY'14 Q4 Benchmark (Sep-Nov)	
Emergency Room	16.8%	12.3%	10.4%		-14.8%	▼	17.2%	-4.9%
Hospital Inpatient	8.5%	6.7%	6.3%		-6.4%	▼	10.9%	-4.2%
Hospital Outpatient	28.8%	32.2%	30.6%		-4.9%	▼	28.8%	3.4%
Other Medical	1.3%	1.5%	1.3%		-12.0%	▼	1.1%	0.4%
Primary Care	41.1%	36.1%	34.2%		-5.3%	▼	39.8%	-3.7%
Specialist	10.6%	4.7%	2.5%		-47.8%	▼	6.8%	-2.1%
Total	19.5%	15.9%	14.1%		-11.4%	▼	19.1%	-3.2%

* Data incomplete pending claims run-out.



Operations

Key Measures	Jul'15	Aug'15	Sep'15	Oct'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/Goal
Operations								
<u>Call Center</u>							Goal	Goal Met
Call Volume	26,274	24,946	24,328		-2.5%	▼		
Abandonment rate	1.4%	2.2%	1.3%		-39.5%	▲	<4%	Y
Hold time	0:00:49	0:00:53	0:00:56		5.7%	▼	< :01:00	Y
Average speed to answer	0:00:14	0:00:23	0:00:14		-39.1%	▲	< :00:45	Y
<u>Claims Processing</u>								
# Claims Paid	79,358	135,382	54,707		-59.6%			
# Claims Recv'd	127,415	113,082	118,212		4.5%	▲		
	FY'15 Q1	FY'15 Q2	FY'15 Q3		Change from Prior Q		# Days	Goal Met
Avg # Days Received-to-Processed (non-adjusted)	5	5	4		-20.0%	▲	< 8	Y
Avg # Days Received-to-Paid/Pend (non-adjusted)	32	36	31		-13.9%	▲	< 35	Y

* Data incomplete pending claims run-out.

Key:	Yes
	No

Health Plan Performance Management

Operations

- Membership
- Risk Management
- Care Management
- Operational Measures
- Delegated Vendor Oversight

Clinical Care

- HEDIS
- Quality of Care Reviews
- Peer Review
- Credentialing

Members & Providers

- Utilization
- Cost
- CAHPS
- Grievances
- Appeals
- Fraud, Waste & Abuse
- Network Development

CAHPS Survey

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Established and operated by US Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ)
- Many types of surveys:
 - Health Plan
 - Amer Ind Hlth Svcs
 - Nursing Home
 - Clinicians & Groups
 - Dental Plan
 - Hospital
 - Surgical Care
 - Home Health
 - Dialysis
- Health Plan survey established in 1997

Source: <https://cahps.ahrq.gov/Surveys-Guidance/HP/index.html>

What's Surveyed

- CAHPS surveys ask patients to report on their experiences with a range of health care services at multiple levels of the delivery system.
- CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services.

Source: <https://cahps.ahrq.gov/Surveys-Guidance/HP/index.html>

Comparable Results

- Different versions survey meet different needs
 - Population (adults or children)
 - Source of coverage (commercial insurance, Medicaid, or Medicare)
 - Use for health plan accreditation by the National Committee for Quality Assurance (known as the HEDIS version)
- Commercial and Medicaid surveys are exactly the same except for the time referent:
 - Commercial questionnaire = previous 12 months
 - Medicaid questionnaire = previous 6 months

Source: <https://cahps.ahrq.gov/Surveys-Guidance/HP/index.html>

CAHPS Health Plan Measures

1. Getting needed care
2. Getting care quickly
3. How well doctors communicate
4. Health plan information and customer service

Source: <https://cahps.ahrq.gov/Surveys-Guidance/HP/index.html>

CountyCare 2015 CAHPS Survey

- Annual requirement in MCCN
- Surveys conducted January-May (pre-FHP mandatory implementation)

	Required	Actual	% Difference
Sample Size	1,350	1,755	+30.0%
Valid Surveys	411	689	+67.6%
Response Rate	30.4%	39.3%	+29.0%

- 52% Mail; 42% Phone; 6% Internet
- 44 Spanish-language surveys completed (6%)

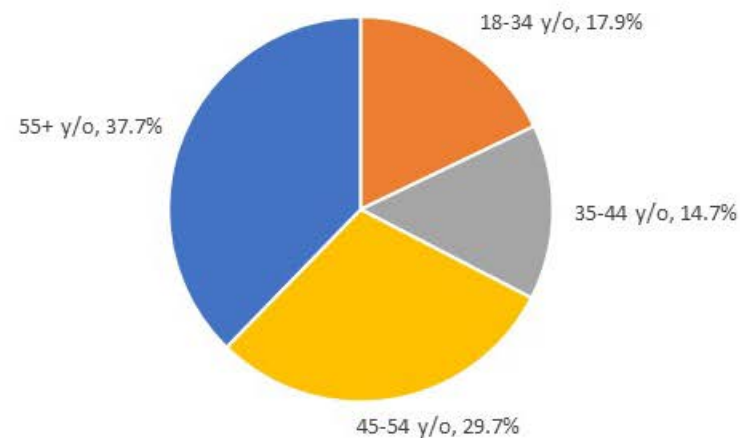


Respondent Profile

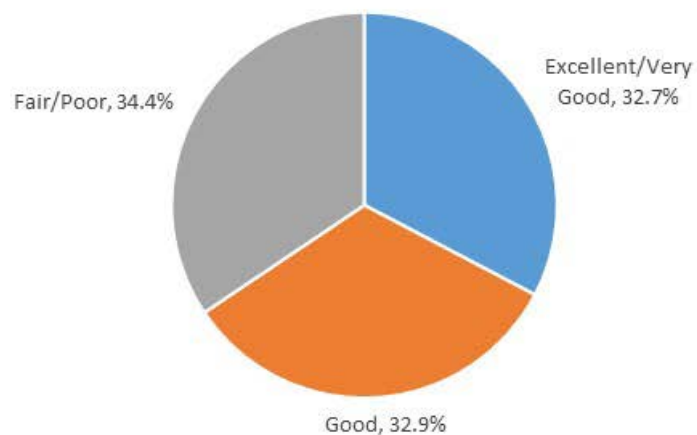
Gender



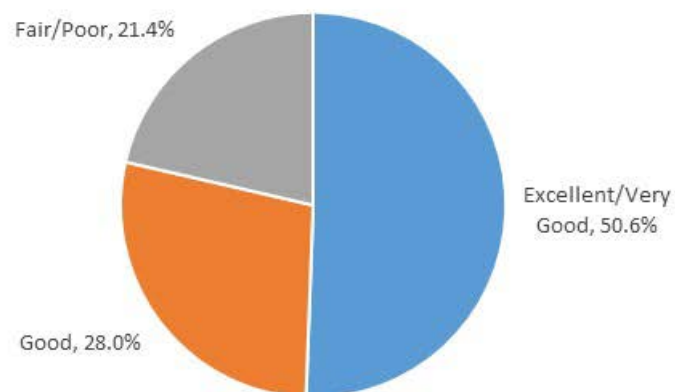
Age Group



Health Status



Mental/Emotional Health Status



Trend & Benchmark Comparisons

Composites, Attributes & Key Questions	2015 Valid # and Most Favorable Response %		2015 Comparison* (N=58)	2014 All Plans** (N=147)
Getting Needed Care	476	75.2%	80.5%	80.5%
Getting Care Quickly	455	79.1%	79.9%	81.0%
How Well Doctors Communicate	406	89.7%	90.3%	89.5%
Customer Service	299	89.1%	86.6%	86.5%
Shared Decision Making	229	76.6%	78.9%	NA
Health Promotion & Education	486	76.5%	71.2%	71.6%
Coordination of Care	194	83.5%	81.3%	79.2%
Providing Needed Information	207	69.1%	68.2%	66.7%
Ease of Filling Out Forms	595	94.1%	93.2%	94.2%

Significance Testing (95% level)

Significantly
Higher Than
Trend/
Benchmark

Significantly
Lower Than
Trend/
Benchmark

No Significant
Difference

Comparison Key

* 2015 Comparison = All Medicaid plans with same vendor (N=58)

** 2014 All Plans = All Medicaid adult samples submitted to NCQA in 2014 (N=147)



Benchmark Comparisons

Composites, Attributes & Key Questions	CountyCare		2015 Mean & Percentile**				
	Most Favorable Response %	Percentile	Mean	25 th	50 th	75 th	90 th
Getting Needed Care	75.2%	12 th	80.5%	77.7%	81.5%	84.2%	84.9%
Getting Care Quickly	79.1%	35 th	79.9%	77.5%	80.9%	83.2%	84.5%
How Well Doctors Communicate	89.7%	32 nd	90.3%	89.4%	90.6%	91.6%	92.5%
Customer Service	89.1%	83 rd	86.6%	84.6%	87.1%	88.6%	90.0%
Shared Decision Making	76.6%	23 rd	78.9%	76.7%	78.9%	81.1%	83.0%
Health Promotion & Education	76.5%	92 nd	71.2%	68.7%	71.3%	74.7%	76.2%
Coordination of Care	83.5%	67 th	81.3%	78.3%	81.3%	84.7%	86.6%
Providing Needed Information	69.1%	60 th	68.2%	66.3%	68.6%	71.2%	74.1%
Ease of Filling Out Forms	94.1%	69 th	93.2%	92.6%	93.4%	94.3%	95.9%

Comparison Key

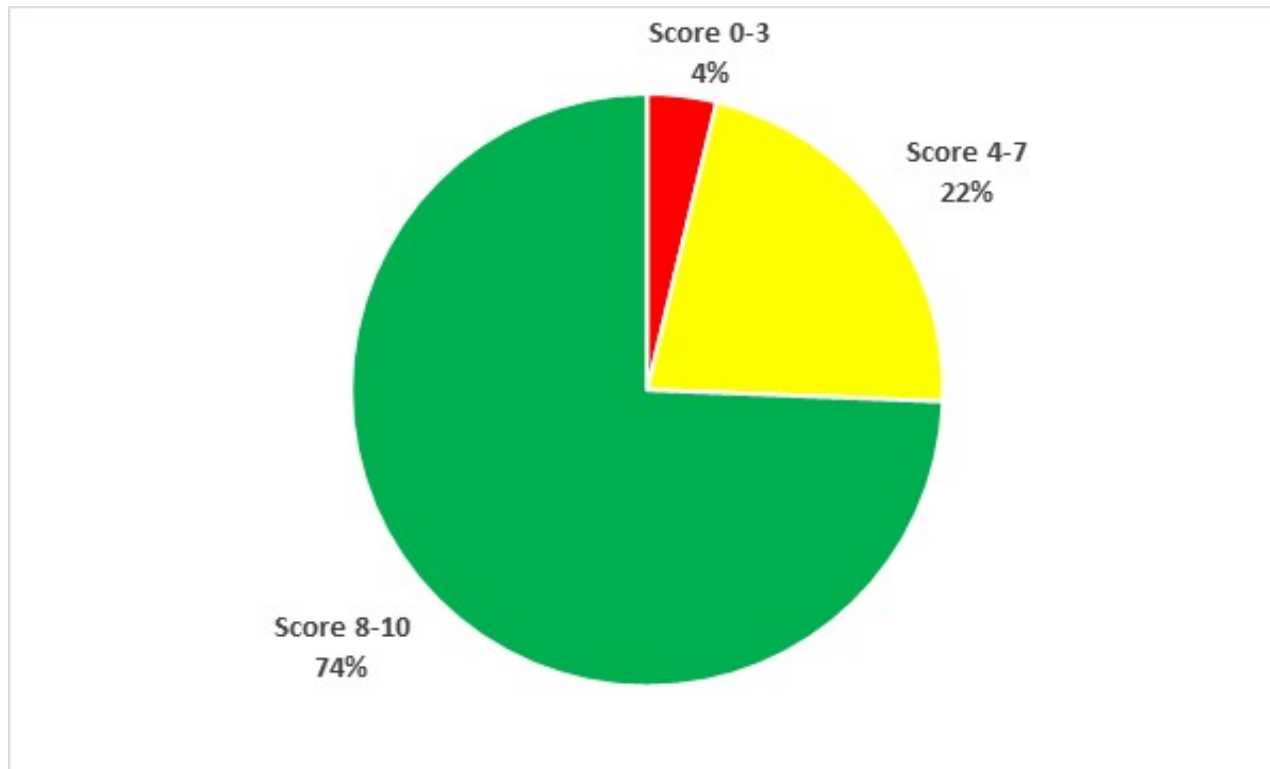
*Ranking = Comparison to all Medicaid plans with same vendor (N=58)

**2015 Analytics = Analysis of all Medicaid plans with same vendor (N=58)

What Number Would You Use to Rate Your Health Plan? (Q35)

0-10 Scale

0='Worst health plan possible', 10='Best health plan possible'



[return to summary results](#)

NCQA Health Insurance Plan Ratings 2015-2016 - Detail Report (Medicaid)

Plan Name: Meridian Health Plan of Illinois
URL: www.medicaremeridian.com/ill
States: IL
Rating: 4.0
NCQA Accreditation: Yes

Lower Performance Higher Performance
1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

Plan Details	Score
Consumer Satisfaction	3.0
Getting care	2.5
Getting care easily Did members get appointments, preventive care, tests, and treatment easily?	2.0
Getting care quickly Did members get appointments, preventive care, tests, and treatments promptly?	3.0
Satisfaction with physicians	3.5
Rating of primary-care doctor Did members rate their primary-care doctors high overall?	3.0
Rating of specialists Did members rate specialists high overall?	5.0
Rating of...	3.0
	2.0
	4.0
	3.5
	3.0
	4.0
	3.5
	3.0

NCQA Health Insurance Plan Ratings 2015 - 2016

NCQA Health Insurance Plan Ratings 2015-2016 - Summary Report (Medicaid)

Search for a health insurance plan by state, plan name or plan type (Private, Medicaid, Medicare). Click a plan name for details.
NCQA rated more than 1,300 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This new way of rating plans emphasizes care outcomes (the results of care people receive) and what patients say about their care.
Information about the ratings, including how they are calculated, is here. To license the underlying data, go here.

Lower Performance Higher Performance
1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
4.0	Meridian Health Plan of Illinois	IL	HMO	Yes	3.0	3.0	3.0
2.5	Harmony Health Plan of Illinois	IL	HMO	No	1.5	2.0	2.5
2.5	Molina Healthcare of Illinois	IL	HMO	No	2.5	1	2.5
2.0	Aetna Better Health	IL	HMO	Yes	1	1	1
Partial Data Reported	IllinCare Health Plan	IL	HMO	No			
No Data Reported	Community Care Alliance of Illinois	IL	HMO	No			
No Data Reported	CountyCare Health Plan	IL	HMO	No			
No Data Reported	Family Health Network	IL	HMO	No			
No Data Reported	Health Alliance Connect (Aged/Blind/Disabled)	IL	HMO	No			
No Data Reported	Health Alliance Connect (IL Medicaid)	IL	HMO	No			

• NCQA Accreditation is as of June 30, 2015
• In Insufficient data; NA = Not Applicable; NR = Not Reported
• Specific plan demographic data are supplied by AIS's Directory of Health Plans. Atlantic Services, Inc. (www.AISHealth.com)
• Contact us at my.ncqa.org to ask about customized ratings summaries.
• † Indicates Special Needs Plan (SNP), according to CMS

Comparison With Illinois Plans

- NCQA posts Health Insurance Plan Rankings on 5-point scale, using 0.5 increments (1.0, 1.5, 2.0, etc.)
- CAHPS survey calculates results on a 3-point scale (1.0-3.0)
- For comparison, converted CountyCare's 3-point scores to a 5-point scale assuming equal proportion
 - E.g. Score $2.4/3 = 0.81 \times 5 = 4.0$; or
 - $2.4 = 81\%$ of 3; $4.0 = 81\%$ of 5
- 5-point methodology likely to differ from NCQA

Calculated Comparison With NCQA- Reporting Illinois Medicaid Plans

	As Reported by NCQA				As Calculated Internally
	Meridian	Harmony	Molina	Aetna Better Health	CountyCare
Consumer Satisfaction	3.0	1.5	2.5	3.0	4.0
Getting Care	2.5	1.0	2.0	2.5	3.8
Getting Care Easily	2.0	1.0	2.0	2.0	3.8
Getting Care Quickly	3.0	1.0	2.0	3.0	3.9
Satisfaction With Physicians	3.5	1.5	3.0	3.5	4.1
Rating of Primary-care doctor	3.0	1.0	3.0	2.0	4.3
Rating of Specialists	5.0	NA	3.0	4.0	4.2
Rating of Care	3.0	1.0	3.0	2.0	3.9
Coordination of Care	2.0	NA	3.0	4.0	4.2
Health Promotion and Education	4.0	2.0	2.0	5.0	4.0
Satisfaction with Health Plan Services	3.5	2.0	3.0	2.0	4.2
Rating Health Plan	3.0	2.0	2.0	2.0	4.0
Customer service	4.0	NA	4.0	2.0	4.3
Key:	1.0, 1.5, 2.0	2.5, 3.0, 3.5	4.0, 4.5, 5.0		

CAHPS 2015 In Summary

- CountyCare had a high response rate to first survey @ 39.2%
 - Majority of respondents are likely ACA Adults
- ‘Favorable’ scores are consistent with Medicaid health plans in all but two categories
 - Exceed in Health Promotion & Education; Below in Getting Needed Care
- Percentile comparison puts us ahead in four of nine attributes, below in two and same in three
- ‘Favorable’ rating of health plan is high @ 74%
 - ‘Non-Favorable’ rating only 4%
- Comparison to IL plans appears favorable, but needs complete cycle for true comparison

CAHPS Next Steps

- Utilize upcoming Enrollee Advisory Committee (EAC) meetings as focus group sessions to obtain more depth of information
- Identify performance improvement interventions and establish CAHPS targets
- Incorporate measures into performance metrics